

TESTIMONY REGARDING SB1  
AN ACT INCREASEING ACCESS TO AFFORDABLE, QUALITY HEALTH CARE  
PUBLIC HEALTH COMMITTEE  
January 31, 2007

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Good afternoon, on behalf on CT's community health centers, I am testifying in support of SB1 to increase access to affordable, quality health care for CT's residents, particularly persons eligible for Medicaid, SAGA, and those who are uninsured. The Health Care 4 every1 Campaign, championed by the Universal Health Care Foundation, the health centers, and scores of health advocates clearly endorses Legislative efforts to expanded health care coverage to the State's medically needy populations. CT's Community Health Centers have been the cornerstone safety net providers of outpatient medical, dental and mental health services over 30 years.

For example, in 2005 **over 219,000 individual clients** received care at one of **90 community health center sites** across the state. **Patient volume** has steadily increased at health centers rising 9% each year since 2003 to **over 950,000 visits** rendered last year. And with the 2006 support of the Legislature and Governor Rell, CT's health centers received over \$25 million in facility boding funds to expand their collective capacity to **serve an estimated 85,000 more clients**.

In 2005:

- **29% of the State Medicaid population** , 116,000, persons were health center clients;
- **60% of the State's SAGA clients**, over 20,000 persons, are community health center clients, as the health centers are now the medical homes for SAGA clients;
- **Over 18% of the CT's uninsured** residents are health center clients.
- The high quality, case managed, preventive care (including chronic disease management for asthma, diabetes, hypertension, etc), offered by the health centers decrease emergency rooms visits and substantial system-wide health care \$ are saved.

Hence, the community health centers are uniquely positioned to play a key role in whatever health expansion program the Legislature adopts. The CPCA has published a position paper outlining the value, contribution, and cost savings to be achieved with health centers as the lynchpin of health insurance expansion for the poor and uninsured. The position paper will be distributed to all Legislators by February 1, 2007.

Clearly expansion of Medicaid/HUSKY to cover more low income adults and eligible children, as proposed by Sen. Williams, will increase access to care and utilization of services by low-income families. Seeking a federal waiver to place the SAGA program under Medicaid will ensure long term stability for that program and the clients it now serves. To **include all uninsured children** in the State under Medicaid will indeed provide children with the opportunity to receive needed well child care, including EPSDT visits, all required immunizations, care for acute childhood illnesses as well as oral health care.

Expanding access to care for the low income and uninsured by creating eligibility through enrollment in entitlement programs is one piece of this giant health care puzzle.

The other major components of a new health agenda must include:

- enhanced reimbursement to providers;
- and, sustaining the FQHC's capacity to provide care to thousands more clients.

Of critical importance to the FQHCs as the State's safety net, is building upon the funding base begun last year. The Public Health Committee's, and the Legislature's, commitment to increase primary health care funding through the Dept. of Public Health, will enable the community health centers to hire the physicians, nurse practitioners, dentists and dental hygienists needed to deliver care to the thousands of persons SBI will now cover. Bricks and mortar are the first building blocks, but it is the providers that 'make health happen'.

All of CT's FQHC need this infusion of funds to ensure that access to care is matched to delivery of quality care.

Reimbursement for FQHCs can be enhanced by fixing some of the payment problems under the existing Medicaid managed care system. Reimbursing health centers for SAGA clients at their full Medicaid rates instead of at a lower amount will help to ensure that needed clinicians can be retained by health centers. With the shortage of primary care physicians in the State that accept Medicaid or SAGA clients, strengthening the "Bird in the hand" by retaining FQHC clinicians is much easier than scouring the bushes to find new doctors and dentists to entice them into an expanded health care system.

In short, the community health centers pledge to work with the Legislature and the Governor's office to implement any plan to expand access to care for the State's most vulnerable residents.

Efforts to enhance quality care must: utilize the strengths of the centers as the safety net infrastructure, support their ability to retain and enlarge the clinical delivery system; and ensure that adequate reimbursement- which can best be achieved by expanding Medicaid /HUSKY and placing SAGA under Medicaid -, can be sustained over time.

Thank you.